

CHESHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

REPORT

for the year 1966

BY

**The Principal
School Medical Officer**



STAFF

Principal School Medical Officer:

B. G. GRETTON-WATSON,
M.A., M.B., B.CHIR., D.P.H., Barrister-at-Law

Deputy Principal School Medical Officer:

A. H. SNAITH,
M.D., M.C.Path., D.P.H.

Senior School Medical Officers:

R. CARGILL,
M.B., CH.B.

IRENE CHESHAM,
M.B., CH.B., D.P.H.

County Psychiatrist:

H. CRAIG,
L.R.C.P. & S., L.R.F.P.S.

Assistant County Medical Officers:

MARY ALLISON,
M.B., CH.B.
JESSIE ANDERSON,
M.B., CH.B., D.P.H. (part-time)
HELEN BRASS,
M.B., B.A.O., B.CH.
MARGARET BROOK,
B.A., M.B., CH.B.
MARGARET CROSLAND,
M.B., CH.B. (part-time)
JEAN DOWLER,
M.D., CH.B. (part-time)
NANCY EDMONDSON,
M.B., CH.B. (part-time)
AITOLIA ENGLISH,
M.R.C.S., L.R.C.P., M.B., B.S., D.C.H.
BRENDA EVANS,
M.B., CH.B.
JEAN HALLIWELL,
M.B., CH.B., M.R.C.S., L.R.C.P.,
D.R.C.O.G., D.C.H.
BETTY HINCHLIFFE,
M.B., CH.B. (part-time)
BARBARA JONES,
M.B., CH.B.
CITA KERSHAW,
M.B., CH.B. (part-time)

ANNE LEE,
B.A., M.B., B.CH, B.A.O., D.R.C.O.G.
(part-time)
HILDA LEVIS,
M.R.C.S., L.R.C.P., M.B. B.S., D.P.H.
HILDA LLOYD,
M.R.C.S., L.R.C.P.
JOAN McCANN,
M.B., CH.B. (part-time)
J. P. MOORE,
M.A., M.R.C.S., L.R.C.P.
W. SNAPE,
M.R.C.S., L.R.C.P.
ELIZABETH SOUTH,
M.B., CH.B. (part-time)
RUTH STAUNTON,
M.B., CH.B., D.P.H.
JESSIE TOUGH,
M.B., CH.B., D.P.H.
MARGARET WINTON,
M.B., CH.B.
EILEEN ZIMMERMAN,
M.B., CH.B.
JOYCE VASEY,
M.B., B.S. (part-time)

Divisional School Medical Officers:

Altrincham—E. H. GORDON,
M.D., B.CH., B.A.O., D.P.H.
Bebington—H. C. JENNINGS,
M.B., CH.B., D.P.H.
Cheadle & Wilmslow—J. A. LEITCH, Runcorn—
M.D., CH.B., D.C.H., D.P.H.
Crewe—D. G. CRAWSHAW,
M.B., M.R.C.S., D.C.H., D.P.H.
Deeside—D. R. MORRIS,
M.B., CH.B., D.P.H.
Hyde—A. S. DARLING,
M.B., B.CH., D.C.H., D.P.H.
Macclesfield—W. R. PLEWS,
L.R.C.P. & S., D.R.C.O.G., D.P.H.
Mid-Cheshire—F. SEYMOUR,
M.B., CH.B., D.P.H.

Nantwich—R. K. HAY,
M.D., B.CH., B.A.O., D.P.H.
N.E. Cheshire—T. W. BRINDLE,
M.B., CH.B., D.P.H.

Sale & Lymm—

S.E. Cheshire—L. RICH,
M.B., CH.B., M.R.C.O.G., D.P.H.
S.W. Cheshire—W. A. POLLITT,
M.R.C.S., L.R.C.P., D.P.H.
Stalybridge and Dukinfield—
T. HOLME,
M.B., CH.B., D.P.H.

Paediatrician (Part-time):

J. D. ALLAN,
M.D., F.R.C.P.

Ophthalmic Surgeons (Part-time):

A. R. ALVI,
M.B., B.S., D.T.M., & H., D.O.
F. W. C. BROWN,
M.D., CH.B., D.P.H.
J. D. E. EDWARDS,
M.B., CH.B., D.O.M.S., R.C.P.S.I.
NORA ENGLISH,
M.B., B.CH., B.A.O., D.O.
D. W. ELLIS-JONES,
M.B., CH.B., D.T.M., & H., D.O.

A. HOLMES-SMITH,
M.A., M.B., B.CHIR., D.O.M.S.
E. M. JENKINS,
M.B., CH.B., D.P.H.
A. K. MITRA,
M.B., D.G.O., D.O.
DOROTHY SIMMONS,
M.B., CH.B.

Child Psychiatrists (Part-time):

J. ERULKAR,
M.B., B.S., D.C.H., M.R.C.P., D.P.M.
J. L. LANCELEY,
M.D., M.R.C.P.(G.), D.P.M.

MARIA ROGERS,
M.B., CH.B., B.A.O., D.P.M.
D. M. ZAUSMER,
B.Sc., M.B., B.S., D.P.M.

Orthopaedic Surgeons (Part-time):

E. M. KUPFER,
M.B., B.S., F.R.C.S.

V. H. WHEBLE,
M.A., B.M., B.CH., F.R.C.S.

Ear, Nose and Throat Surgeons (Part-time):

R. D. STRIDE,
M.B., CH.B., F.R.C.S., D.L.O.
O. T. TAYLOR,
M.B., CH.B., D.L.O.

J. M. KODICEK,
M.B., B.S., F.R.C.S., L.R.C.P.

Consultants in Audiology (Part-time):

PROFESSOR SIR ALEXANDER EWING,
M.A., PH.D.

PROFESSOR I. G. TAYLOR,
M.D., D.P.H.

School Dental Surgeons:

A. F. HELY,
C.B., L.D.S. (Principal)
D. M. DODD,
B.D.S. (Deputy Principal)
A. E. ALLEN,
L.D.S., R.F.P.S.
EDITH ANDREW,
L.D.S.
J. B. ANDREW,
L.D.S., R.C.S., B.D.S.
P. J. ATKINSON,
B.D.S. (part-time)
ELIZABETH BROWN,
L.D.S. (part-time)
JACQUELINE BROWN,
L.D.S. (part-time)
BERYL CLARKSON,
B.D.S.
ELIZABETH CLARK,
B.D.S. (part-time)
DOROTHY COATES,
L.D.S.
G. H. CRAINE,
B.D.S.
MARGARET DAVIDSON,
L.D.S. (part-time)
MARGARET DAVIS,
B.D.S. (part-time)
TRUDY DICKSON,
B.D.S. (part-time)

T. P. DYKES,
L.D.S.
LORNA FERNLEY,
L.D.S., B.CH.D.
PATRICIA GASS,
L.D.S., R.C.S.
JOY HARRYMAN,
L.D.S. (part-time)
G. J. HARTLEY,
L.D.S.
R. H. HURST,
L.D.S.
H. JACKSON,
L.D.S.
ANNE JORDAN,
B.D.S. (part-time)
LISBETH KIPPEN,
L.D.S., D.P.D.
IRENE KURER,
B.D.S. (part-time)
MAUREEN LLOYD-BAKER,
B.D.S.
A. N. LEICESTER,
B.D.S.
A. C. PENLINGTON,
B.D.S.
R. H. McCONNELL,
L.D.S., R.F.P.S.

J. W. LANGDON,
L.D.S.
H. P. MEED,
L.D.S.
F. R. MORREY,
L.D.S.
W. N. L. MORREY,
L.D.S.
RUTH OWEN,
L.D.S.
SUSAN SCANLAN,
B.D.S. (part-time)

K. V. SHUTE,
L.D.S.
E. J. TAYLOR,
L.D.S. (part-time)
MARGARET THOMSON,
B.D.S.
DOROTHY WALKER,
L.D.S.
DOREEN WILSON,
L.D.S. (part-time)

Chief Administrative Assistant:

B. O'CONNOR,
M.A., Barrister-at-Law

Health Visitors and School Nurses: 157

Dental Nurses and Attendants: 38

Clerk-Attendants: 23

Speech Therapists:

MARY COOPER
RAYLEEN EATON
JUDITH COWLEY
MELBA LOYNES

KATHLEEN JONES,
(part-time)
PATRICIA WIGHT
(part-time)
JOAN WREN

Occupational Therapist:

ROBERTA NANCARROW†

Physiotherapists:

RHONA WHITE
ELIZABETH WHITTAKER†

Psychologists:

P. N. FORSHAW,
B.A.
MIRIAM LEE,
B.Sc. (part-time)
ELIZABETH LONG,
B.A.

J. WALKER,
B.A.
B. N. WILSON,
B.Sc.

Psychological Social Workers:

ELLEN HOWITT

PHYLLIS REDFARN
MILDRED TOWNSEND

Peripatetic Teachers of the Deaf:

P. R. BUCKINGHAM
T. A. HARRISON

D. L. PERRY
RUTH MARTIN

Dental Anaesthetist:

J. R. T. TURNER,
M.A., B.A., M.R.C.S., L.R.C.P., J.P.

†Appointed for treatment of children suffering from cerebral palsy.

SCHOOL MEDICAL REPORT

*To the Chairman and Members
of the County Education Committee*

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my first Annual Report on the Schools Health Service for the year 1966. The Report will be confined to events which took place during that year, and the changes taking place in 1967, will be described in the next Annual Report.

I would like to pay a warm tribute to the work of my predecessor, Dr. Arnold Brown, who held office as Deputy Principal School Medical Officer from 1940 to 1947 and then as Principal School Medical Officer until his retirement on 2nd April, 1967. Dr. Arnold Brown held office during that fruitful and exciting period of post-war reconstruction. He was responsible for a steady growth in the work of the School Health Service, not only to keep pace with the increasing school population, but also to broaden the scope of the service, which included the provision of two schools for educationally subnormal children, the introduction of the Child Guidance Service, an organised service for deaf children and directly provided arrangements for children suffering from cerebral palsy. During this period (1940—1967) the school population of the County rose from 64,558 to 157,514.

During the same period the school dental service made similar headway. New clinics were provided, each equipped with modern apparatus; arrangements for orthodontic treatment were commenced and a start was made at employing dental auxiliaries with a view to helping the shortage of dental manpower.

During the year 1966, the staff of school doctors and dentists was maintained at a satisfactory level. There are at present one and a half vacancies among school doctors and one vacancy among school dental officers. During the year there were four resignations of school doctors and six of school dentists. Three doctors and seven school dentists were appointed to fill vacancies. Recruitment is moderately satisfactory, but staff turnover is uncomfortably high, mainly due to the high proportion of young women employed who leave on marriage or childbirth.

The number of children requiring treatment (excluding defective vision) was 10·7 per cent., which compares with 13 per cent. for 1965 and 11 per cent. for 1964. The proportion of children considered to be not in a satisfactory physical condition was 0·15 per cent.—approximately the same figure as last year. The number of children found to be infested with vermin was 3,941 out of a school population of 157,514.

During the year a start was made to provide special classes within ordinary schools for handicapped pupils. A class for educationally subnormal children with additional handicaps was started at Hazel Grove and one for partially hearing children, at Ellesmere Port. Further developments of this kind are planned and we are likely to witness a substantial increase in this type of provision during 1967.

I wish to record my appreciation of the co-operation and help received from the Director of Education and his administrative staff, head teachers and their staffs. I would also like to thank the Chairman and Members of the Education Committee, and particularly of the Special Services Sub-Committee for the help and support they have given at all times.

My grateful thanks are also due to the medical, dental, nursing and lay staffs of the School Health Service for their devotion and loyalty to me and to the School Health Service.

I beg to remain,

Your obedient servant,

B. G. GRETTON-WATSON,
Principal School Medical Officer.

17th October, 1967.

General Statistics

The Administrative County of Cheshire comprised 42 County Districts, namely ten Municipal Boroughs, 22 Urban Districts and ten Rural Districts.

The population estimated by the Registrar-General at mid-1966 was 1,023,860.

The total number of schools in the educational area at 31/12/66 with their enrolments was as follows:—

Primary	...	...	...	...	516	100943
Secondary (Grammar)	...	...	...	...	30	21382
Secondary (Modern)	...	...	...	...	89	35189
						<hr/> 157514 <hr/>

The number of children receiving school milk and meals at the end of 1966 was as follows:—

School milk, 118,365 (82.2% of those present).

School meals, 106,860 (74.3% of those present).

Free School Meals, 4,221 (2.9% of those present).

Clinic Centres

The following new purpose built Clinic Centres were completed and brought into use in 1966:—

Great Sutton—Old Chester Road.

Hattersley—Hattersley Road East.

Hollingworth—Market Street.

Hyde—Corporation Street.

Sale Moor—Conway Road.

Winsford—Crook Lane, Wharton.

Annual Report of the Principal School Dental Officer, 1966

1. General

The report of the Chief Medical Officer of the Department of Education and Science published in the 'Health of the School Child—1964—1965', comments in its introductory pages on the increase of school dentists during the past five years. Comment is also made on the increasing amount of conservation dentistry being carried out in the mouths of children generally.

Both these trends are noticeable in Cheshire and the increase in dental surgeons is particularly necessary in a County which continues to grow so rapidly in population in so many areas.

An increase in school population of nearly 7,000 in 1966, stretched our resources a little, but I am pleased to report that all areas were covered although the ideal state of a yearly dental inspection of all

children at school has not yet been attained. Due, however, to the foresight of the Authority, new, modern clinics have been built in developing areas and very few districts exist, and these only in one or two sparsely populated rural regions, which are not within reach of dental treatment when occasion demands.

This increase in child population is obviously one which is to continue and, having almost reached the present establishment of dental officers, a request for raising this establishment is inevitable if a reasonable ratio of dental officers to child population is to be maintained.

Overspill populations bring their own problems in many directions and the dental treatment aspect is no exception. In-coming families are usually 'clinic minded' but, so far as dentistry is concerned, this manifests itself only to the extent of using facilities offered for the relief of pain and appointments made for further conservative treatment are too often broken.

Broken appointments generally give rise to a situation which is not easily dealt with. It is true that in many cases these broken appointments are not deliberate and telephone messages are received explaining the reason and asking for a fresh appointment but, since these messages are received mostly at short notice, it is often impossible to fill the period and a certain amount of operative time is thus wasted.

For some years now a change in the proportion of women dental officers to men has been apparent. At the end of 1966 it was interesting to note that out of a staff of 36 dental officers, both full-time and part-time, nineteen members were women. These women are largely the wives of young professional men and junior executives and some disorganisation does occur during periods of maternity leave. However, their value is undoubted and, since young men appear reluctant to join the school service in this part of the world chiefly because of the monetary differentials existing between the school service and the general dental service, we would be in some difficulty without them.

Again, I must register my great disappointment that a far-seeing Authority such as Cheshire has not yet accepted the fluoridation of public water supplies. The Chief Medical Officer of the Department of Education states, 'It is lamentable that opposition based on prejudice and without scientific justification should still persuade so many local health authorities to deny this protection to the children in their areas'. At the Annual Conference of Local Dental Committees the following resolution was carried, 'That the Conference of Local Dental Committees supports the Minister of Health's directive to local authorities stating that it is completely safe to add fluoride to water supplies and recommends local authorities to do so.

This Conference hopes that all local authorities will now carry out this task as quickly as possible and asks our political leaders to take firm legislative action'. These views expressed by people so intimately associated with, and concerned with dental health are worthy of careful consideration and action.

Experience with dental auxiliaries has been enlarged. Miss Travis, who completed a whole year of service with the department, proved herself a very capable person. She showed conclusively that given the correct form of supervision, which did not entail too many restrictive instructions, she was capable of showing initiative in many directions especially in the realms of early dental health education in the young entry to school. That she is to leave us early in 1967 on her marriage is regrettable and she will be missed.

Generally speaking, the standard of dental fitness throughout the County is good and the standard reported in grammar schools is high. Two independent observers from the Liverpool Dental School substantiate these remarks relating to grammar schools so far as conservative treatment is concerned. A survey was carried out by these two investigators to examine the periodontal condition of grammar school children in Cheshire. Three grammar schools were selected, representative of industrial, urban and rural districts.

The final paragraph of the report was interesting. The investigators stated, 'In this group as a whole it was gratifying to note that almost all the children showed evidence of regular conservative treatment of a very satisfactory standard.' The remarks made on the periodontal conditions noted were not so complimentary and the suggestion was made that 'more attention should be paid to oral hygiene instruction, both at the chairside and in school'. I am assured by the experienced senior dental officers in charge of these schools that this is in fact carried out but, since the majority of the children attending grammar schools are the patients of general practitioners, their influence on the sustained effort of oral hygiene instruction was rather limited. However, the necessity for further intensive instruction is apparent.

A One Day In-Service Training Course was held during December by the Central Council for Health Education. This Course dealt with Health Education in Schools and since it was attended by representatives of all departments interested in health education, including school teachers, the Course was most interesting, especially the periods given over to discussion. It is expected that the lessons learnt will feature more prominently in future dental health programmes.

I was approached by the Principal of the College for Further Education at Crewe, who wished to include in the evening syllabus a course for dental surgery assistants. Mrs. Thomson, the dental officer in charge of one of the Crewe clinics, volunteered to take this course which is very well attended and has given Mrs. Thomson a good deal of pleasure.

The association with my colleagues in the General Dental Service which I have enjoyed for many years through the Local Dental Committee has continued, I like to believe, to our mutual advantage. This has proved particularly important during the year since the planning of new health centres in Runcorn New Town is presenting interesting and important situations.

As in past years the liaison existing with the two teaching hospitals at Liverpool and Manchester has been cordially maintained and my inclusion as a member of the Post-Graduate Committee of the Liverpool Hospital has proved valuable and rewarding.

2. Staffing

A further look at the staffing structure will be necessary during 1967, and I propose to submit a plan in due course for consideration.

As I have mentioned earlier in this report, the influx of population will require an increased establishment. The time has also come, in my opinion, for some form of decentralisation and thought must now be given to the appointment of area dental officers who will relieve my office of some of the additional administration which will be necessary when extra staff are employed.

Two whole-time dental officers resigned during the year. These were two young men who, with increased family commitments, needed more money which they thought they could earn in the general dental services especially after the changes announced at the beginning of the year in the remuneration of dentists employed in this service.

Two whole-time dental officers retired on pension and one of these re-engaged in a part-time capacity.

Two part-time dental officers resigned as their private practices demanded more of their time.

On the credit side, three whole-time dental officers joined the staff and since all of these were experienced dental surgeons their advent was welcomed.

Four part-time dental surgeons were also appointed during the period under review.

The sick rate again showed an increase and rose from 247 days in 1965 to 292 days in 1966. One dental officer who was absent for 86 days and who has since retired was responsible for most of this increase.

It is interesting to note that from the list of six dental officers who were absent on sick leave for over ten days, two young dental officers had their gall bladders removed. Since no less than three dental

officers have had this operation performed in a period of six months, I am beginning to wonder if this complaint is another occupational hazard.

3. Courses

Six whole-time dental officers attended courses during the year.

Two orthodontic courses were attended, one organised by the Dental Post-graduate Committee of the North Staffordshire Hospital, the other by the Joint Committee for Post-graduate Education of the School of Dental Surgery, Liverpool. Both these courses were considered valuable by the dental surgeons attending them and since both these officers have skills above average in this field, I know the Authority will gain from their attendance.

The Deputy Principal Dental Officer attended the Dental Health Education Conference organised by the General Dental Council. This very important subject is one which will be developed in the near future.

A course in Children's and Public Health Dentistry, also organised by the Liverpool School of Dental Surgery, was attended by one of the younger entry who found it instructive. The Public Dental Officer's Group Course on the Dental Treatment of the Handicapped Child held at Bristol produced an interesting paper given to the dental staff by the dentist who attended.

Finally, a Dental Anaesthetic Course was attended by a dental officer at the Eastman Clinic with satisfactory results.

There is no doubt of the value of these courses in keeping dental officers up to date in these days of constant change in thought and techniques and the attendance of selected dental officers on them is both important and necessary if an efficient service is to be maintained.

4. Dental Health

The normal dental health programmes were carried out throughout the year by all dental officers and there appears to be an increasing realisation of the importance of this subject on all sides. Much more time has been spent in propagating this doctrine, much more enthusiasm manifested itself, especially amongst the younger entry of dentists. It is hoped that in the near future a more concerted action will be taken on health education generally, a most encouraging start was noticeable during the year.

Short talks to expectant mothers on their first visit to ante-natal clinics appear to be producing results and the work of one auxiliary

in this field, both at schools and in the clinic, was excellent amongst the younger children.

An exhibition was organised by the County at the Cheshire Show, the object of which was to bring to the people of Cheshire a realisation of the services offered by the County to its inhabitants. It was decided that all departments should be represented and that the title would be 'Cheshire County Council Yesterday and Today'. Having collected from store some of the old portable dated equipment which was normally carried by the peripatetic school dentist from rural school to rural school in the not too distant past, we set it up alongside a modern dental surgery furnished with the most modern equipment.

It was considered that the first step in the attainment of the object was to interest the public and then to instruct them.

There was no doubt about the interest shown and the opportunity was seized to make this an occasion to propagate dental health. Models were made available and trained staff were on duty throughout the period of the show.

The success of the exhibition was such that it was decided to repeat it in two other parts of the County. The dental health programme was repeated on each occasion.

5. Orthodontic Treatment

The appointment of a part-time consultant orthodontist from the Manchester Dental Hospital, to which I referred last year, appears to be working satisfactorily and the incidental training received by the dental surgeon who works routinely in the same clinic will be of value to the Authority.

The sessions spent under the supervision of the consultant orthodontist at the Chester and Runcorn Hospitals continues to provide a valuable contribution to the orthodontic cover of the County. County children are treated at these clinics.

6. Special Schools

Residential Special Schools at Grappenhall, Torpenhow, Capenhurst and Massey Hall received their normal inspections followed by treatment. The establishment of a dental surgery at the Grappenhall School has simplified dental treatment for the pupils since public transport to the nearest clinic is not conveniently available.

Children attending Junior Training Centres were also inspected and treatment offered to them. The situation existing in these centres, which are not residential, with regard to treatment from local authority dentists occasions some problems. Since the pupils are often transported from distances, parents find difficulty at times in accompanying their children to clinics and treatment is often sought

from the general dental practitioner. The dental treatment of the physically and mentally handicapped child is one which is receiving further consideration.

7. Dentures and Other Operations

There is again a reduction in the number of dentures supplied to children to report despite the increase in child population.

Other operations carried out, which include root fillings, scalings, crowns, inlays and teeth otherwise conserved, numbered 8,792.

8. Clinics

All clinics were inspected during the year and more modern equipment was substituted in those clinics requiring a change as older equipment became unserviceable.

Five new clinics became operational during the year. Those at Winsford, Hollingworth, Dukinfield and Sale Moor supplied a need in developing areas, whilst the one at Great Sutton replaced a temporary clinic at Little Sutton and is more conveniently placed.

Clinics furnished with X-ray equipment were inspected by physicists from the Radiological Protection Services from Liverpool and Manchester, in accordance with instructions laid down in Circular 13/66 received from the Ministry of Health.

The information received in their reports was instructive and helpful and action is being taken to implement the recommendations made.

9. Holiday Appointments

Appointments made for dental treatment during school holidays again produced a reasonably satisfactory result; 68% of the appointments made were kept.

10. Statistics

(a) Staff

Expressed in terms of whole-time dental officers, the numerical strength of dental officers throughout the year, including the Principal Dental Officer, was 31.85, which showed an increase of 2.29 on the previous year.

Including the Principal Dental Officer, twenty-two dental officers completed a full year of whole-time service which is the same figure as that shown in 1965.

Four members of the whole-time staff resigned during the year, two young men, one young woman and one older man. Of these four, the two latter re-engaged on a part-time pro-rata basis.

Three whole-time dental officers joined the staff, one man and two women; all of whom were experienced dental surgeons.

Five part-time dental surgeons completed a full year of service. Their value expressed in terms of whole-time staff amounted to 2.9 dental officers. Six part-time dental surgeons joined the staff, four on a pro-rata basis and two on a sessional basis. Their whole-time equivalent amounted to 3.1 dental officers.

Two part-time dental surgeons resigned in the course of the year but since their contribution amounted to an equivalent of 0.6 whole-time dental officers, they were not really missed.

(b) Inspections

The total number of children attending Primary, Secondary Grammar Schools and Secondary Modern Schools at the beginning of 1967 was 157,154, an increase of 6,486 compared with the previous year.

Of this number, 110,413 or 70.26% of the total school population was dentally inspected in 1966. The comparable figure for 1965 was 68.9% and the National figure for the same year was 55.7%. The constant expansion of population and changing staff has some effect on these figures.

Of the children inspected, 53.7% were found to require treatment, the figure for the previous year being 56.3%.

Children actually referred for treatment numbered 85.4% of those found to require treatment, which is 5.1% lower than the previous year.

This reduction, in my opinion, is due to the fact that dental officers are showing more care in discriminating between those patients who are obviously the regular patients of the general dental practitioner and those who are not. The problem of differences of opinion in diagnosis has been rather a vexed one during the year in some parts of the country, but not with our own colleagues in Cheshire who settle any problems which affect our different services at Local Dental Committee level.

(c) Children Treated

The percentage number of children accepting treatment out of those referred was 55.82% which shows an increase of 5.4% on the figure for the previous year.

As is normal in this County, a record was kept of the number of children whose parents stated that their children were receiving private dental treatment and, in addition, those which the inspecting dental officer recorded as undoubtedly under the regular care of a general dental practitioner. This figure amounted to 30.6% of those routinely inspected at school.

(d) Fillings and Extractions

The same trend, noticeable for some years, of an increase in the number of permanent teeth filled compared with the number extracted was again apparent in 1966; the ratio being 5.3 teeth filled to each tooth extracted compared with the comparative figure for the previous year of 4.8 to 1.

A similar trend was noticeable in the temporary dentition. For each deciduous tooth extracted 0.67 deciduous teeth were filled, compared with 0.58 in 1965.

The number of permanent teeth filled per 100 children treated was 134.2 compared with 132.1 in the previous year.

An increase in the number of temporary teeth filled is also recorded; 52.2 temporary teeth per 100 children were filled as against 44.9 in 1965.

Permanent teeth extracted per 100 children amounted to 25.6, the comparative figure for 1965 being 27.8.

Temporary teeth extracted per 100 children amounted to 77.8, the corresponding figure for the previous year being 78.1.

11. Acknowledgements

This is the last opportunity which will occur for me to record my thanks, and those of the dental staff, to Dr. Arnold Brown who will have retired before this report is published. Throughout his years of office we have been deeply conscious and grateful to him for his keen interest in our branch of his department. His real, personal and sympathetic concern for all members of the dental staff has been sincerely appreciated and his contribution to the happiness and content which we have enjoyed has been marked.

My personal thanks are due to him not only for a continuance during the year of his kindness, assistance and courtesy, but also for the great pleasure which I have had in our long association.

I wish to record my thanks and those of the dental staff to the Chief Administrative Assistant and the staff of the County Medical Officer's department for all the willing and efficient assistance which they have given during the year.

For their co-operation and help, our thanks are due to the Divisional Medical Officers and their staffs who have, at all times, worked willingly with us in the furtherance of our mutual interests.

As in the past, Head Teachers and Teachers of all schools throughout the County have given us every help. Their patience and co-operation with the constant demand which we make on their time is very much appreciated and we are most grateful to them.



STALYBRIDGE DENTAL CLINIC

SPECIAL SERVICE REPORTS

Ear, Nose and Throat Service, 1966

(from Dr. O. T. Taylor)

During the past year there has been an obvious increase in the number of children to be seen at the County E.N.T. Clinics in South Cheshire. In particular Winsford and Alsager may be cited. The result of this is that for the first time at Winsford there is a waiting list, of fair proportion, of children to be seen for the first time; this in turn eventually leads to a subsequent increase in the operating waiting list. Since the bulk of these are children for removal of their tonsils and adenoids, the time of waiting tends to be prolonged. The cause is of course the effect of overspill and population increase, without as yet an increase in hospital and hospital facilities; presumably waiting lists in hospitals in certain parts of Manchester and Liverpool have decreased proportionately. There is no immediate solution but distress in individual cases may be prevented by periodic reviewing and hastening admission where necessary. This is a routine with some cases, and others are often referred back for review by the family doctors when a sympathetic hearing is always given to their requests. Even these measures are not entirely satisfactory since there is often a fine dividing line between children one feels need more immediate treatment and others who must wait, and with long lists, if due care is not given to the selection of those expedited, unfairness may result. Especially is it necessary to be able to justify to a neighbour of a child admitted before his time, the lesser urgency of her own. The long waiting lists are a perpetual headache and one must regret time spent dealing with quite sincere enquiries from family doctors and parents. Time which is so needed for diagnosis and treatment.

Of interest in the overspill areas is the different pattern of E.N.T. conditions presented by the children from the poorer areas of Manchester and Liverpool, and the 'natives' of better areas. Against a background of adenoid and tonsil disease common to both groups are found in the more fortunate group that chronic middle ear disease and chronic sinusitis are rare, although secretory otitis media and allergic sinusitis are common, whereas in the other group the reverse tends to be the case. One feels that the less fortunate group probably presents an exact clinical picture of a past decade.

ATTENDANCES AT E.N.T. CLINICS, 1966

(School Children only)

Alsager	193	Hazel Grove	251
Cheadle	358	Macclesfield	146
Congleton	65	Northwich	129
Crewe	158	Poynton	25
Dukinfield	266	Sandbach	53
Ellesmere Port†	236	Winsford	160

†A Consultant from Chester Hospital Management Committee attends this clinic.

Audiology Service

(from Dr. I. Chesham)

The main objectives of this service, namely early diagnosis and assessment of hearing losses, continue to be pursued. All infants in the County are offered the opportunity at 7—9 months of age of having a screening test of hearing, by Health Visitors who have had training in the technique, and if a hearing defect is found, immediate referral to one of the County's Medical Staff is made. Unfortunately, not all mothers take advantage of this important service, and late cases of deafness which may have been present from birth, continue to be found. Throughout the pre-school years, hearing tests are carried out by Medical Officers or Health Visitors, where this has been requested by the parents, General Practitioners, Consultants, or where there are indications of difficulty in hearing, delayed speech development, or other 'risk' factors.

At school entry, it is becoming apparent that audiometric screening of all entrants is necessary if every case of difficulty is to be found. A hearing loss, even a relatively mild one, can cause very considerable difficulties in the school situation.

The four Peripatetic Teachers of the Deaf continue to provide an excellent service of guidance and help, to parent and child, most particularly in cases where a hearing aid is required, but also in cases where a perceptive high frequency hearing loss or a fluctuating conductive loss cause many problems and difficulties which a hearing aid cannot help. The Peripatetic Teachers of the Deaf, apart from their direct service to the patient and his family, also provide guidance

and advice to school staff, and maintain liaison between School Medical Officers, E.N.T. Consultants, and the schools.

The policy of providing special hearing aids, on loan, to children for whom the Medresco (N.H.S.) aid is unsatisfactory, has been continued, where special tests have been carried out and a recommendation made by one of the Consultants from the Department of Audiology or an E.N.T. Consultant.

The invaluable services of Professor I. G. Taylor and Sir Alexander Ewing continue at the County's eight Regional Audiology Clinics (held at three monthly intervals); children who present special problems of diagnosis and/or management, are seen. We are fortunate to have the services of E.N.T. Consultants at all the Audiology Clinics, namely Mr. Kodicek or Mr. Stride. Ninety-eight new cases were seen in the last year, of whom 47 were in the pre-school group. Follow-up of cases is necessary, and about half the children seen are re-attendances.

A decision as to special school placement is usually taken at an Audiology Clinic, where everyone concerned with the child can contribute an opinion. One Partially Hearing Unit attached to an ordinary school for children aged 7—11 years has been started in the County, and the children have benefited greatly, and integrated well.

AUDIOLOGY CLINICS—1st January to 31st December, 1966

Centre	New Cases			Re-Attendances		
	Pre-School	School	Total	Pre-School	School	Total
Northwich	5	8	13	5	2	7
Crewe	9	6	15	1	8	9
Macclesfield	6	9	15	5	2	7
Cheadle	7	10	17	6	7	13
Hale	6	8	14	8	4	12
Hyde	1	5	6	6	10	16
Ellesmere Port	4	3	7	11	2	13
Chester	9	2	11	12	2	14
TOTAL	47	51	98	54	37	91

Ophthalmic Service

(from Dr. A. Holmes-Smith)

At the beginning of his twentieth year as Ophthalmic Surgeon to the County Council your Ophthalmologist is able to look back and note the progress that has been made during this period. Much is owed to better premises and equipment which together allow of comparison of the findings as patients move from place to place. There is also uniformity of records which are now transferred as a routine when children move—a great help in avoiding repetition of work and assisting the doctor to assess a child's ocular progress.

Children are now tested routinely for vision at ages, 5, 7, 11 and 14 years and colour vision is assessed at 11 years of age by the School Medical Officers—doubtful cases being referred to the Ophthalmologists for further examination. The volume of work resulting from this frequency of assessment is considerable and the trial use of three vision testers has been authorised during the year. These instruments have the virtue of giving standard conditions of lighting and test-object—not easily obtained when the Medical Officer sets up in a school to carry out medical examinations. They are fairly easily transportable and a trained assistant will be able to operate the instrument in due course, thus relieving the Medical Officer of a volume of repetitive work. Any doubtful cases would be re-assessed by the Medical Officer. It is hoped to report upon this project later.

Severe defects of vision requiring special education are now comparatively rare and usually of the congenital type such as cataracts and retinal defects and the higher degrees of myopia. The present policy with children whose vision is defective is to educate them in the normal school with modification of regime if this is at all possible.

During the year two infants have been referred for Cobalt irradiation treatment for retinoblastomas—this being done in London. In each case an eye required removal but the result of treatment in the remaining eye is so far satisfactory.

The need for glasses in school children can now be adequately satisfied with frames from the N.H.S. selection although there is still prejudice against 'Health Frames'—some parents imagine that steel rims are still the only ones available! No child requiring glasses need be without them on the score of expense or appearance; the latter could not have been said 20 years ago. A few children will still refuse to wear glasses but they are often found to be children with behaviour problems of other types.

In the past two or three years rising affluence has led to an increase in requests for contact lenses for purely cosmetic reasons amongst older pupils—this is not a thing to encourage although the lenses have very definite optical advantages in certain defects.

During the past 20 years the awareness of the presence or suspicion of squint in children has become much more widespread and it is now generally recognised that the earlier a squint is treated the better is the result of treatment—unlike the old order where it was frequently said that ‘nothing can be done until the child is three or four years old’ by which time the child had an intractable amblyopia. The parent, doctor or health visitor should not hesitate to ask for the examination of any child, however young, who is thought to turn the eye; this will lead to the examination of many infants with only apparent squint but some early cases will be taken in time to prevent amblyopia and thus allow of successful treatment.

Active treatment of squint by Orthoptic departments is readily available in Chester, Crewe, Macclesfield, Stockport and also Manchester and Liverpool. The wider availability of the motor-car has made the clinics more easily reached and the Ophthalmologists owe a debt to the Orthoptists for their invaluable co operation in the assessment and treatment of the cases of actual and suspected squint. There is also a lesser number of pupils who suffer from weakness of convergence and respond well to Orthoptics where glasses can be of no help at all.

Surgery of squint is available at the same centres and the continuity of treatment by Ophthalmologists and Orthoptists in many cases is of great value. The waiting time for operation is now not as great as it was in 1948.

The child who is thought not to see clearly may be found to be backward and require both assessment of intelligence and hearing before adequate arrangements can be made for remedial or continuing suitable education. In audiometry one of the great strides has been made by the school medical services during the past 20 years.

The period since the war has seen steady advance in the school ophthalmic service as regards equipment (although the routine provision of expensive forms of equipment cannot be justified unless it is in continual use—as in an orthoptic clinic); premises; the frequency of examination of pupils and the better treatment of their disabilities made possible in part by more adequate personal transport as well as, in the rarer cases, developments in complex treatments such as irradiation of tumours. From the child’s point of view the wearing of glasses is no longer the imposition which it was formerly considered.

The School Ophthalmic Service owes much to the work of the Health Visitors who supervise the regular attendance of patients and assist the Ophthalmologists whilst the increasing co-operation between Educationalist and Ophthalmologist is greatly helped by the administrative side of the Service and it is in this aspect that one would hope for greater benefits to the pupil in the future.

ATTENDANCES AT EYE CLINICS, 1966

(School Children only)

Adswood	69	Knutsford	228
Alsager	139	Lymm	197
Barnton	182	Macclesfield	1057
Bollington	151	Marple	375
Bredbury	266	Middlewich	116
Cheadle	184	Nantwich	626
Cheadle Hulme	92	Neston	385
Congleton	433	New Ferry	623
Crewe:—		Northwich	941
Ludford Street	670	Partington	343
Stalbridge Road	345	Poynton	156
Dukinfield	220	Runcorn	358
Eastham	416	Sale—Chapel Road ...	275
Ellesmere Port	463	Meadway	33
Frodsham	238	Bodmin Road ...	7
Grappenhall	142	Sandbach	686
Greasby	172	Stalybridge	345
Hale	583	Stockton Heath	102
Handforth	31	Tarporley	80
Hazel Grove	133	Upton	145
Heald Green	122	Weaverham	242
Heswall	353	Wilmslow	170
Hoylake	499	Winsford	206
Hyde	301		

Paediatric Service

(from Dr. J. D. Allan)

The County Paediatric Service has continued as in previous years on the general basis of three consultative clinics per month based in the towns of Crewe and Northwich (two clinics in Crewe and one in Northwich). There is a continuous reference of patients by the general practitioners. From these clinics, as and when necessary, children requiring further investigation for diagnosis are admitted to hospital, generally in Macclesfield. Both these clinics continue to fulfil very useful purposes in that a wealth of clinical material is uncovered through this agency, a fact which is due largely to the circumstances that neither Northwich nor Crewe have any official Regional Board Paediatric cover. I should say that the general practitioners are continuing to make adequate use of the service which we provide—this being particularly true of Northwich. As in previous years we have used the local hospitals for the more routine investigations and x-rays to avoid any unnecessary use of the ambulance service and to try to avoid loss of work and inconvenience to parents. It has been our experience that any hospital approached thereby has co-operated invariably whole-heartedly.

The Cerebral Palsy peripatetic team continues to thrive and it is felt that this has been an unqualified success. We are still operating on the promise of trying to find and diagnose the cerebral palsied child as early in life as possible on the basis that a full calibration of disability established early will result in an adequate orientation of necessary therapy at the earliest possible time. There can be no doubt that this service is useful and justified. Perhaps one of the best indications that the project is worthwhile is the enthusiasm and appreciation of the parents which in turn is reflected in the very high standard of attendance achieved at these clinics.

The wards rounds for School Medical Officers continue to be held once a month and continue to be valuable to all concerned.

ATTENDANCES AT PAEDIATRIC CLINICS, 1966

(School Children only)

Crewe, Ludford Street ...	45	Northwich, Darland House	71
Crewe, Stalbridge Road ...	19		

Cerebral Palsy

The cerebral palsy peripatetic team of a physiotherapist and an occupational therapist continues to operate at clinic centres at Cheadle, Congleton, Crewe, Macclesfield and Weaverham, and approximately once a month at each clinic Dr. J. D. Allan, the Consultant Paediatrician, attends. The team has the services of a Medical Officer specially trained in the ascertainment of intelligence in physically handicapped children. Children usually attend the clinics for treatment once or twice each week. Twice each year a special meeting is held of all officers concerned to review all cases attending the clinics.

The table below gives details of the children attending the clinics during 1966:—

	Cheadle	Congleton	Crewe	Macclesfield	Weaverham
Number of Children:					
(a) Attending at the end of the year ...	15	4	8	11	10
(b) Under five years of age	7	2	3	8	4
(c) Unsuitable for education	1	—	—	1	3
(d) Improved sufficiently to:					
(i) attend school	—	—	—	—	—
(ii) have home tuition	—	—	—	—	—
(e) Already at school	9	3	5	1	6
(f) Already receiving home tuition	—	—	—	1	3
(g) Who were admitted to clinic during year	7	2	3	5	5
(h) Transferred to other centres	3	1	2	2	1
(i) Who ceased attendance	8	1	3	2	8
(j) Fit for discharge	3	—	—	—	3
(k) Discharged as unsuitable	3	—	1	—	—

Orthopaedic Service

The orthopaedic service is the financial responsibility of Regional Hospital Boards under the National Health Service Act. The methods of ascertainment remain the same, children being referred to the surgeons by private doctors, or (with the approval of the private doctor) by school medical officers after medical inspection at schools or minor ailment clinics.

ATTENDANCES AT ORTHOPAEDIC CLINICS, 1966

(School Children only)

Dukinfield	357	Hyde	835
Ellesmere Port	76	Stalybridge	479

Children attending for sunlight treatment are the responsibility of the local authority unless referred for it by the specialist. The following were the attendances during 1966 by school children at the clinics specified:—

Dukinfield	587
Hyde	86
New Ferry	119
Sale	118
Stalybridge	1293

Child Guidance Service

(from Dr. H. Craig)

Clinics

Ellesmere Port	New Cases	38
	Total Attendances	403
	Cases Closed	11
Hazel Grove	New Cases	42
	Total Attendances	294
	Cases Closed	7
Sale/Northwich (pt.)/ Grappenhall	New Cases	46
	Total Attendances	357
	Cases Closed	18
Sandbach/Congleton/ Northwich (pt.)/ Macclesfield/Alsager	New Cases	74
	Total Attendances	559
	Cases Closed	19
Stalybridge	New Cases	23
	Total Attendances	300
	Cases Closed	2
Wilmslow	New Cases	45
	Total Attendances	241
	Cases Closed	20
Hyde	New Cases	29
	Total Attendances	216
	Cases Closed	7

As will be evident from a cursory glance at the statistical summary relating to the various clinics, the work for children and their families continues to increase in demand, and in fact the relationship to demand and available facilities determines the nature of the present child guidance practice.

At the moment one is conscious of the limitations caused by the loss of staff and the difficulty in replacing them. In former years one has stressed the problems associated with getting suitable psychiatric social workers. This year the difficulties have been complicated in appointing suitable psychologists both through loss of staff and the need to send others for post-graduate training with a view to maintaining an efficient service.

It may be relevant here to mention one other problem which arises partly from the staffing difficulty but also emerges from the type of case being sent for investigation and treatment by the various other departments. Not all cases can be adequately dealt with at child guidance level and many of those children present problems which are not easily solved by admission to a special school for maladjusted pupils—in fact some are sent home after a very short and inadequate trial at these schools. I refer to those children with dangerous aggressive potentialities, to the early psychotic and severe cases of depression and hyperkinesis. There is also a hard core of cases who do not respond to child guidance treatment in the time available for their treatment, e.g. persistent school refusals. Finally, there are certain adverse factors in the home environment which militate against a successful outcome at the child guidance clinic.

Some further provision is required for these children which stands somewhere between the child guidance clinic facilities and those of the special school. I think the problem should be dealt with at hospital level but at the moment such provision is for all practical purposes non-existent. If this is not remedied then the local authorities will have to look at it and make some provision to deal with these children.

I take this opportunity of thanking all members of the team who have given loyal and efficient support during the year.

Speech Therapy Service

The work of Speech Therapists in the County continues to expand, not only because of the increasing population, but also because there is greater awareness of the value of their work, not only for the school child but also for the pre-school child, where advice and guidance can help to prevent the development of faulty speech habits. The great majority of the work of most of our Speech Therapists is in relation to the age group 4—8 years.

Closer liaison with other departments in the School Health Service, such as the medical, dental, psychiatric and audiological services, has been developing, and is welcomed as an example of a team approach to a problem.

Due to the large case loads which the Speech Therapists are carrying at the moment, it is not always possible for them to do as

much work in the schools as they would wish, and the conditions in some schools would not be suitable; but in some rural areas it has been found possible to fit in sessions at schools, with considerable success.

Each of the County's Special Schools has a Speech Therapist who attends at regular intervals.



GREAT SUTTON SPEECH CLINIC

Speech Therapy Clinics, 1966

CLINIC	No. of Sessions	No. of Children on Register 31-12-66	No. of New Cases	No. Discharged
Adswold	49	21	12	8
Altrincham	133	73	44	50
Bebington	12	41	4	2
Cheadle	123	49	26	23
Congleton	82	34	22	30
Crewe	44	47	1	25
Dukinfield	51	18	8	9
Ellesmere Port	12	76	—	11
Frodsham	43	12	18	3
Great Sutton	4	18	3	—
Hazel Grove	86	63	32	25
Handforth	45	21	9	3
Hattersley	6	18	34	2
Heald Green	77	33	10	4
Heswall	40	11	16	16
Hyde	78	42	22	20
Knutsford	43	9	8	4
Macclesfield	135	53	15	15
Marple	43	28	18	15
Nantwich	14	11	6	9
Northwich	42	26	19	11
Partington	76	22	10	11
Runcorn	88	22	14	4
Sale	108	40	14	18
Sale Moor	21	22	5	7
Sandbach	14	14	7	12
Stalybridge	77	37	13	18
Stockton Heath	46	12	10	5
Upton	8	45	6	1
Weaverham	85	17	12	3
Wilmslow	45	26	6	4
Winsford	13	11	8	2

Torpenhow Open Air School

The School is situated on the hill at Frankby overlooking the estuary of the River Dee.

The School accommodates 50 children and priority for admission is given to cases of asthma, bronchitis and bronchiectasis, etc. Only if there are then vacancies are cases of general debility admitted.

Children suitable for admission are selected by the School Medical Officers at medical inspections and enter Torpenhow Open Air School initially for a period of at least two terms, this being renewed if found to be necessary. Pupils remain at Torpenhow throughout the

year with the exception of the month of August, one week at Easter and a few days over Christmas, and attend the School during normal school term. During the school holidays a number of recreational activities such as walks, picnics, games and visits to places of interest are organised.

A Speech Therapist visits the School for one session weekly.

The School Dental Service was responsible for carrying out 94 inspections during the year and giving 40 treatments.

During the year three children from another authority attended the School and altogether 57 children were admitted and 57 were discharged. They were classified according to their various disabilities as follows:—

	Admissions		Discharges	
	Boys	Girls	Boys	Girls
Cœliac	—	—	1	—
General Debility	15	15	17	17
Asthma	8	4	5	1
Bronchitis	6	4	6	7
Bronchiectasis	—	1	—	—
Eczema and Asthma	2	1	1	1
Hydronephritis	—	—	1	—
Underweight & Undersized	—	1	—	—
	<hr/> 31	<hr/> 26	<hr/> 31	<hr/> 26

Grappenhall Hall School

This School has 100 places for educationally sub-normal boys generally within the I.Q. range of 55.75 aged 8—16 years, who suffer from additional difficulties such as poor environment, maladjustment, delinquent tendencies. In certain cases boys are admitted for a trial period in order to determine whether or not they are suitable for education when this is in doubt.

The progress of the boys is kept under constant review and those who prove to be unsuitable for education are excluded. At the other end of the scale a watch is constantly kept for the boy who makes exceptionally good progress which may justify his re-entry to an ordinary school. As a result of this constant review, there is an indication that the majority of boys remaining at the School to the age of 16 years will be able to take up ordinary employment.

The School was fully occupied all year, during which there were 24 new admissions taking the places of children discharged.

One of the County's Speech Therapists paid 45 visits to the school during the year to help pupils with speech defects.

The School Dental Surgeon carried out 99 inspections at the School in 1966, and completed 176 treatments before the end of the year.

Capenhurst Grange School

There are 38 places for girls at this School which accepts the same type of child and is conducted on the same general lines as the Grappenhall Hall School. These places were fully occupied throughout 1966 when there were ten new admissions replacing children discharged.

Thirty-eight girls received a dental inspection and 21 received treatment during the year.

B.C.G. Vaccination

Under the County Health Committee's Care and After Care Scheme, B.C.G. vaccination can be offered to school children of 13 years of age and upwards and students attending Universities, Teacher Training Colleges, or other establishments of further education.

With the co-operation of the teaching staff the following work was carried out by Divisional Medical Officers in 1966.

School Children Scheme

Number of consent forms issued	17721
Number of consents received	13968

Skin Tests

Number tested	10937
Number positive	1097
Number negative	9280
Number vaccinated with B.C.G.	9225

Immunisation against Tetanus and Diphtheria

On school entry arrangements are usually made by the Divisional School Medical Officer for children to be offered immunisation against Tetanus and Diphtheria, and during 1966, 12,130 school children received booster doses and 1,318 were given a primary course of injections.

Youth Employment Officers Liaison Meetings

These meetings are held eight times a year throughout the County; the centres used for meetings this year were at Macclesfield, Ellesmere Port, Northwich, Altrincham, Hyde and Crewe. The

appropriate Youth Employment Officers, School Medical Officers and Senior School Medical Officers attend, and also Divisional Medical Officers, Head Teachers, Child Care Officer and representatives of voluntary societies where this is indicated. Any child whose employment or after-care may constitute a problem is discussed; the meetings are invaluable for promoting good working relationships and understanding, and also the most efficient and beneficial outcome possible for the child.

Milk in Schools Scheme, 1966

In view of the extreme importance attached to ensuring that all milk supplied under the above scheme (one-third pint each day to every school child while attending school) is clean and safe, all milk supplies under the scheme are subject to the approval of the County Medical Officer. The County Health Inspector's Section supervises all supplies by means of systematic sampling, and by routine inspections of processing dairies, milk storage and handling premises within their jurisdiction.

Any new supply proposed for any particular school is first referred by the Director of Education to the Health Department for approval.

So far as the approval of particular sources is concerned the aim is to provide a suitable supply of pasteurised milk. This aim has now been almost completely achieved.

As will be seen from the table at the end of this report only two of the schools in the County were being supplied with 'Untreated' (raw) milk. These are two isolated schools involving 46 pupils. It appears that under present circumstances and owing to the rural nature of these schools a supply of Untreated milk will have to be accepted for the present.

Pasteurised milk by virtue of the pasteurisation process is, of course, a 'safe' milk from the bacteriological standpoint whereas Untreated (raw) milk can be, and from time to time is, found to be infected with pathogenic organisms particularly brucella abortus.

With these factors in mind the sampling frequency is as follows:—

- (a) Schools receiving a supply of pasteurised milk. Twice yearly.
- (b) Schools receiving a supply of untreated (raw) milk. Monthly samples from the school and three sets of bulk herd samples taken at the farm, per year.

No school in the County was without a supply of liquid milk at any time during the year.

During 1966, sampling of all school milk supplies throughout the

County continued, all samples being collected in the course of retail delivery to the schools themselves. A total of 1,471 samples was collected, as compared with 1,529 in 1965. All the schools in the administrative county are sampled by the County Health Department Milk Sampling Officers with the exception of the 32 schools in the area of Crewe Borough Council. Here the Borough Health Department carries out regular school milk sampling by arrangement with the County Health Department and notifies all results.

Of the 1,375 samples of pasteurised milk collected by the County Health Department 54 samples (3.9 per cent.) failed the methylene blue test (for cleanliness and keeping quality) and four samples failed the phosphatase test (for adequate pasteurisation).

It is interesting to note that of the 54 methylene blue test failures, 31 were processed and bottled at dairies outside the administrative County and that of the remaining 23 samples from milk processed and bottled in Cheshire 19 emanated from one dairy which was closed in September, 1966. The trouble at this dairy more than accounted for the increase of ten methylene blue failures over the 1965 figure of 44.

The four phosphatase test failures (incorrect processing) occurred in samples obtained on the same day from different schools on milk which was processed at one 'out-County' dairy.

The Crewe Borough Council took 71 samples of pasteurised milk, of which nine failed the methylene blue test. All the schools in the Crewe area are supplied by one 'out-County' dairy but as a result of action taken by the appropriate County Health Inspector, samples taken in the late Summer proved satisfactory.

In addition to the methylene blue test the 25 samples of untreated raw milk which were collected from two schools were subjected to cultural and biological examinations as were six sets of herd samples involving 23 bulk milk samples from the two herds concerned. In no case was the organism of tuberculosis or brucellosis isolated.

The efficiency of the washing of school milk bottles at the dairies licensed by the County Council was checked by the collection of 264 washed school bottles from these dairies when the Sampling Officers were visiting for the purposes of other sampling under the Milk and Dairies Regulations. The results were as follows:—

TEST FOR BACTERIOLOGICAL CLEANLINESS OF BOTTLES

		Result			
		Bottles Submitted	Satisfactory	Fairly Satisfactory	Unsatisfactory
1966	.....	264	221	13	30
1965	.....	396	324	23	49

The reason for the decrease in the number of bottles submitted for rinse examination is that fewer processing dairies are bottling school milk. These examinations showed that at two dairies the washing of school milk bottles was below standard. One of these dairies has now closed; at the other, difficulty was being experienced with using the same washer for both $\frac{1}{3}$ pint and 1 pint bottles. An adjustment was made to the washer and I am pleased to say that this has resolved the difficulties; all $\frac{1}{3}$ pint washed bottles submitted from this dairy during the current year (1967) have proved satisfactory.

I am pleased to report that the rectangular-shaped cartons now being supplied to the schools in one Educational Division in the western part of the County are still proving highly satisfactory. During the year there were no methylene blue test failures on the supply.

From a public health point of view cartoned milk has many advantages. As will be seen from the earlier part of this report about 16% of all one-third pint washed bottles examined did not come within the completely satisfactory category; the dangers of foreign objects and pieces of glass being in the milk can to all intents and purposes be ruled out in the case of cartons, noise is reduced, the weight of a standard crate containing 72 one-third pint cartons is less than a crate of 30 one-third pint bottles, and the hazard of dirty and cracked bottles and of having glass bottles on school premises is ruled out completely. There are of course some disadvantages. For instance it is difficult to see if cartons are empty and very occasionally 'leaking' cartons do occur.

In addition to one-third pint cartons, quart cartons are also supplied to certain school canteens.

It is thus seen that a considerable amount of work is carried out to try to ensure that each day, while the schools are open, the whole of the 129,376 or so pupils who take school milk receive a food which is clean and free from all pathogenic organisms and is delivered in clean undamaged containers.

Occasional complaints do arise regarding dirty bottles, cracked or broken bottles, foreign bodies in the milk (including, sometimes, glass splinters), dirty condition of crates and unsatisfactory service. Cases of foreign bodies in the milk are dealt with by the Weights and Measures Department, which investigates and deals with the matters appropriately, if necessary instituting proceedings. The remaining matters are dealt with by the County Health Inspector, in some cases in co-operation with the local health departments.

In almost all instances, the bottles are satisfactorily dealt with at the schools, i.e., the bottles are emptied completely, caps and straws removed and the bottles placed for collection the next day. Under

these circumstances and even though no rinsing of school milk bottles is carried out at the schools, the dairies should have no difficulty in seeing that all bottles are adequately cleansed before re-filling, thus complying with their legal responsibilities. In recent years, complaints of mis-use of school milk bottles on the school premises have become extremely rare although this point is raised from time to time by the various bottling dairies.

Tables are given below showing the milk sampling which was carried out during 1966 and the results of such sampling, also the position regarding school milk supplies at the end of the year.

SCHOOL MILK SAMPLES AND EXAMINATION, 1966

Type of Milk	Total Samples Collected	Phosphatase Test		Methylene Blue Test*	
		Passed	Failed	Passed	Failed
Pasteurised	1375	1371	4	1307*	54
Untreated	25	—	—	19	6
TOTAL	1400	1371	4	1326	60

*The Methylene Blue Test was void in 14 cases, owing to high atmospheric shade temperature.

At the end of 1966, the position in the County regarding school milk supplies could be summarised as follows:—

Type of Milk	Schools sampled by Cheshire C.C.		Schools sampled by Crewe M.B.		No. of Children Supplied‡	
	No. of different suppliers of milk	No. of schools supplied	No. of different suppliers of milk	No. of schools supplied	Total	As per cent. of Total
Pasteurised	57	665*	1	32	129330	99.96
Untreated	2	2	—	—	46	0.035
TOTAL	59	667	1	32	129376	—

‡Figures obtained from a census taken on a selected day in September, 1966.

*Includes 83 non-maintained schools.

(The milk in Schools Scheme has applied to non-maintained schools since 1st September, 1956, and all children attending both maintained and non-maintained schools are entitled to one-third of a pint of milk free daily.)

School Swimming Pools

Swimming instruction forms an important part of physical education for the older children from the County Junior Schools and pupils from Secondary and Grammar Schools. Bathing facilities have until recent years been arranged where practically possible at the nearest public or, in three instances, privately-owned pools. In many cases, owing to the distance of the pool from the school, transport has to be arranged, with obvious disadvantages and complications.

In recent years a number of schools have financed the construction of their own swimming pools. The County has carried out further improvements to three of these: Calday, Lymm and Christleton, including enclosure and heating and the provision of changing and sanitary accommodation. These three pools are now used by a number of schools situated in their particular division.

The Cheshire Education Committee issued a memorandum in February, 1962, on its policy for the 'Provision of Swimming Baths'. This laid down that all pools must be provided with a filtration plant (including automatic chlorination equipment) satisfactory to the Principal School Medical Officer. A conference of officials from the County Architect's, Health and Education Departments respectively, was held in January, 1966, when the present arrangements for dealing with swimming baths at County Primary and Secondary Schools were considered in detail. Subject to minor amendments regarding day-to-day maintenance and annual servicing it was agreed that the arrangements were satisfactory.

There are now 11 schools in the County with their own pools. A Scheme to build a further indoor pool is in abeyance owing to the current financial restrictions.

Details of the pools in use are as follows:—

1. KING'S SCHOOL, CHESTER
37,000 gallons capacity. Pressure sand filter. Automatic chlorinator using chlorine gas. Indoor, heated.
2. CALDAY GRANGE COUNTY GRAMMAR SCHOOL
95,500 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Indoor, heated.
3. CAPENHURST GRANGE SPECIAL SCHOOL
'Purley' Learner Pool. 4,200 gallons capacity. Purley 'filtration' and liquid hypochlorate automatic chlorinator. Outdoor, not heated.
4. CHRISTLETON COUNTY SECONDARY SCHOOL
80,000 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Indoor, heated.
5. AITLEY COUNTY GRAMMAR SCHOOL, DUKINFIELD
72,000 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Outdoor, not heated.

6. GREASBY COUNTY JUNIOR SCHOOL
Learner Pool. 14,000 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, heated.
7. LYMM GRAMMAR SCHOOL
76,000 gallons capacity. Pressure sand filter. Automatic chlorinator using chlorine gas. Indoor, heated.
8. NORBURY BOOTH'S COUNTY JUNIOR SCHOOL, KNUTSFORD
Learner pool. 15,000 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, heated.
9. SANDBACH GRAMMAR SCHOOL
80,000 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Outdoor, heated.
10. STOCKTON HEATH CHURCH OF ENGLAND AIDED PRIMARY SCHOOL
Learner pool. 15,000 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, heated.
11. GORSEY BANK COUNTY PRIMARY SCHOOL, WILMSLOW
Learner pool. 18,750 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, heated.

The enclosed pools do, of course, enable swimming instruction to be given all the year round. With our English weather, outdoor pools can only receive a very limited use. The provision of electric water-heating apparatus at a further two of the outdoor learner pools now means that only two—Astley County Grammar School and Capenhurst Grange Special School—do not have heated swimming pool water. Experience has shown that schools with outdoor heated pools enjoy almost double the swimming season of those not having heated water. At one of the learner pools a canvas marquee on a wooden frame has been erected over the pool and surround. This also has improved conditions and further extended the season.

Regular routine visits by the County Health Inspector or his Deputy were made in 1966, during the period when the pools were in use, and any problems which may have arisen were discussed. Records kept by the person in charge of the pool were inspected and a check was made of the residual chlorine in the water, and the pH value. Also a check is carried out on the condition of the footbath to ensure that this is satisfactory.

Samples for bacteriological examination were also taken and submitted to the Public Health Laboratory Service for examination. Normally three samples were taken on each occasion, one each from the inlet, outlet and centre section of the pools. By this means, a representative picture was obtained of the bacteriological condition of the water in the pool.

The two recognised methods of operating chlorination in a

swimming bath are referred to as 'marginal' and 'breakpoint' chlorination. The difference between the two is quite simple, a difference in the nature of the chlorine residual carried in the bath water. In Cheshire, breakpoint chlorination is used at the four enclosed pools and marginal chlorination at the outdoor. For marginal chlorination, the residual is almost entirely combined chlorine (chloramine) and we use a recommended residual chlorine figure of between 0.5 and 1.0 parts per million. The Ministry of Health originally recommended that the total chlorine, as determined by the ordinary orthotolidine test (one of these testing sets is provided at all our pools) should be maintained at a concentration not less than 0.2 or more than 0.5 parts per million, but in practice this is found to give insufficient reserve to allow of effective control under conditions of varying load. Hence the higher recommended figures now in use. In the case of breakpoint chlorination the pools operate with a total residual chlorine in excess of 1.0 part per million and of this approximately 0.2 to 0.5 parts per million will be free chlorine residual. These readings are taken at the outlet end of the pools and, of course are aimed at ensuring the rapid destruction of harmful organisms. These levels of residual chlorine can be perfectly well tolerated, and indeed if complaints of eye irritation do arise they are almost always due to failure to maintain a correct pH value throughout the pool. (The pH value is an indication of the acidity or alkalinity of the water, a value of 7.0 being neutral, and values below 7.0 indicating increasing acidity, and above 7.0 alkalinity). Swimming pool water must be maintained within the pH range of 7.4 to 8.0, and it is important to check this reading frequently in addition to the figure of residual chlorine. Pools in which chlorine gas is used tend to become increasingly acid, and it is necessary to provide continuous dosing with alkali to correct this. On the other hand, pools in which hypochlorite solutions are used do not usually require other chemical treatment to maintain a satisfactory pH value, though occasionally in this case the water may become too alkaline, when it is necessary to add some form of acid to correct the position.

At the time of writing this report (June, 1967), and following a report that a certain chemical used for testing residual chlorine was carcinogenic, all schools are being re-equipped with Swimming Pool Water Testing Kits using the D.P.D. method.

A total of 222 water samples were taken during 1966; this was an increase on the 1965 figure when 185 samples were submitted. Of the 222 pool water samples taken 219 were satisfactory and three were unsatisfactory. The three unsatisfactory samples were associated with three inspections at two different pools. On two of these occasions the condition of the pool water was satisfactory but the pool was being subjected to a heavy bathing load and it is thought that these results were due to a heavy local contamination in the pool water immediately prior to sampling. On the other occasion the

result was anticipated as the residual chlorine was low. The necessary action to remedy this was immediately taken, repeat samples proved satisfactory and no further difficulties were experienced.

No outbreaks of illness or foot or other conditions associated with the use of swimming pools have been reported at schools having or using school pools.

The need of having a suitably trained person with time to devote to ensure that the filtration and chlorination plant is properly maintained and working satisfactorily and to take regular readings of the condition of water in the pool cannot be over emphasised. The condition of the water in a pool with fluctuating bathing-load can change very quickly, necessitating plant adjustment, particularly of the chlorinator. I am pleased to say that at each of our pools there is a responsible person in charge, and I feel that their efforts, coupled with the routine inspections and advice given by the County Health Inspectors have made a big contribution to the excellent record reported above.

HANDICAPPED CHILDREN

Numbers Attending Special Schools, 1966

BLIND AND PARTIALLY SIGHTED	Boys	Girls	Total
Coventry, Exhall Grange School for Partially Sighted	7	4	11
Exeter, West of England School for Partially Sighted	3	—	3
Liverpool, St. Vincent's School for the Catholic Blind	2	2	4
Liverpool, The Royal School for the Blind	12	5	17
Old Trafford, Henshaw's Institution for the Blind ...	6	2	8
Preston, Derby School for the Partially Sighted ...	2	4	6
Sheffield, School for Blind Children	1	2	3
Shrewsbury, Condover Hall School for the Blind ...	2	1	3
Shrewsbury, Royal Normal College for the Blind ...	2	1	3
Southport, Sunshine House Nursery School	1	—	1
Wellington, Overley Hall Sunshine Home	—	1	1
Worcester, College for the Blind	1	—	1
DEAF AND PARTIALLY HEARING			
Bolton, Thomasson Memorial Special School	5	2	7
Boston Spa, St. John's Residential School for the Deaf	—	2	2
Burton-on-Trent, Needwood School for the Partially Deaf	—	1	1
Derby, Royal School for Deaf Children	1	—	1
Fallowfield, Whitebrook Day School for Deaf Children	5	1	6
Liverpool, Crown Street Day School for the Deaf ...	3	1	4
Manchester, Royal Schools for the Deaf	34	27	61
Margate, Royal School for the Deaf	1	—	1
Newbury, Mary Hare Grammar School	2	6	8
Southport, Liverpool School for the Partially Hearing	17	15	32

DELICATE AND VARIOUS

	Boys	Girls	Total
Frankby, Torpenhow Open Air School (including three boys from Chester)	52	46	98
Loggerheads, Colomendy School	2	1	3
Norley, Delamere Forest Fresh Air Home and School	1	1	2
Ottershaw, Meath School	2	—	2
Summersat, Open Air School	2	—	2

EDUCATIONALLY SUBNORMAL

	Boys	Girls	Total
Aberdeen, Camphill School (Rudolf Steiner) ...	4	2	6
Alne, Aldwalk Manor School	1	—	1
Ashton-in-Makerfield, Landgate Day School ...	1	—	1
Bradford, Bradford Grange Day School	2	—	2
Bramhope, Hilton Grange School	2	—	2
Bramley, Gosden House School	1	—	1
Brighton, St. John's Boarding Special School ...	1	—	1
Bristol, St. Christopher's School (Rudolf Steiner) ...	2	—	2
Burlton, Petton Hall School	2	—	2
Cockermouth, Crookhey Hall	1	—	1
Congleton, Great Moreton Hall	2	—	2
Edgeworth, Crowthorn Hall School	—	1	1
Grappenhall, Grappenhall Hall School	124	—	124
Great Sutton, Capenhurst Grange School	—	47	47
Hillingdon, Pield House School	—	1	1
Kelly, Near Newtown, Brynlywarch Hall School ...	1	—	1
Manchester, Gorton Special Day School	1	2	3
Ormskirk, Pontville R.C. Special School	4	—	4
Shifnal, Haughton Hall School	—	1	1
Southborough, Meadow House School	1	—	1
Swanley, The Furness School	—	1	1
Thornbury, Thornbury Park School (Rudolf Steiner)	2	—	2
Ulverston, Stone Cross Special School	2	—	2
Warrington, Green Lane Day School	—	1	1
Worcester, Besford Court	1	—	1
Wythenshawe, Park Day School	1	1	2

PHYSICALLY HANDICAPPED

	Boys	Girls	Total
Bexhill-on-Sea, St. Mary's School	—	1	1
Birkenhead, Day School for Spastics	1	—	1
Cheadle, Bethesda School	16	11	27
Chipping Norton, Penhurst School	1	—	1
Cobham, Hatchford Park School	1	—	1
Ely, The Palace School	—	1	1
Etwall, Ash Hall School	1	—	1
Farley Hill, Hephaistos School	1	—	1
Glossop, Talbot House School	1	2	3
Holybourne, Florence Treloar School	—	4	4
Killinghall, Ian Tetley Hospital Home	1	—	1
Leatherhead, Queen Elizabeth's Training College	1	1	2
Llandudno Special School	2	1	3
Mansfield, Portland Training College	2	—	2
Mobberley, Margaret Barclay	7	6	13
Newcastle-under-Lyne, Blackfriars School	—	2	2
Oswestry, Derwen Cripples' Training College ...	1	—	1
Pentrych, Craig-y-Parc School	2	—	2
Southport, The Bradstock Lockett School	—	3	3
Wallasey, Elleray Park Day School	1	1	2
West Didsbury, Lancasterian Special Day School ...	5	8	13
West Kirby, Children's Convalescent Home	8	1	9
Widnes, Peel House School	—	2	2

MALADJUSTED						Boys	Girls	Total
Aberdeen, Camphill (Rudolf Steiner)	...	...	...	...	...	1	—	1
Ashley, Ashley Residential School	...	...	...	...	...	1	—	1
Box, Cotswold Chine Home/School	...	...	...	...	...	1	—	1
Braunton, Heanton School	...	...	...	...	...	1	—	1
Bristol, St. Christopher's School	...	...	...	...	...	1	—	1
Chipping Campden, Burnt Norton School	...	...	...	...	...	3	—	3
Congleton, Buglawton Hall	...	...	...	...	...	3	2	5
Crowborough, Netherfield School	...	...	...	...	...	4	2	6
Deansgate, Deansgate Day School	...	...	...	...	...	3	—	3
East Allington, St. Thomas More's School	...	...	...	...	...	3	—	3
East Grinstead, Horncastle School	...	...	...	...	...	1	1	2
East Sutton, Red Hill School	...	...	...	...	...	3	—	3
Harmer Hill, Shotton Hall	...	...	...	...	...	3	—	3
Horbury, St. Peters'	...	...	...	...	...	—	5	5
Longhope, Salesian School	...	...	...	...	...	2	—	2
Mickleton, St. Hilliard's School	...	...	...	...	...	2	—	2
Newmarket, Cheveley Rectory School	...	...	...	...	...	1	—	1
Rainhill, St. Joseph's School	...	...	...	...	...	—	2	2
Ruthin, Clwyd Hall	...	...	...	...	...	1	—	1
Thelwall, Chaigeley School	...	...	...	...	...	3	—	3
Thirsk, Breckenborough School	...	...	...	...	...	1	—	1
Torquay, Pitt House School	...	...	...	...	...	2	—	2
Towcester, Potterspury Lodge	...	...	...	...	...	1	—	1
Uckfield, St. Michael's Boarding School	...	...	...	...	...	—	1	1
Wennington, Wennington Hall School	...	...	...	...	...	1	—	1
Wetherby, Wennington School	...	...	...	...	...	1	1	2

EPILEPTIC

Chelford, Soss Moss	...	...	...	...	...	2	—	2
Lingfield, Epileptic Colony	...	...	...	...	...	—	1	1
Liverpool, Maghull Homes	...	...	...	...	...	5	4	9
Much Hadam, St. Elizabeth's School	...	...	...	...	...	—	1	1
Warford, Colthurst House School	...	...	...	...	...	11	3	14

Resident in Boarding Homes and
Attending Ordinary Schools, 1966

MALADJUSTED

Billericay, Stockwell Hall Hostel	1	—	1
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DIABETIC

Kingsdown, St. Monica's Hostel	—	1	1
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Further Education Centres

PHYSICALLY HANDICAPPED

Exeter, St. Loyes' College	—	2	2
Tonbridge, Dene Park Further Education Centre	...	...	...	...	...	1	—	1

Medical Inspection Returns

Year ended 31st December, 1966

TABLE I

Medical Inspection of Pupils attending Maintained
Primary and Secondary Schools

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	Number Inspected	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		Total Individual Pupils
		Satisfactory	Unsatisfactory	For Defective Vision (excluding Squint)	For any other Condition recorded in Table III	
1962 and later	89	89	—	—	9	9
1961	6970	6960	10	169	1064	1157
1960	6608	6597	11	174	1145	1246
1959	1694	1692	2	74	280	327
1958	684	683	1	51	114	151
1957	549	548	1	61	77	120
1956	414	411	3	51	73	112
1955	1558	1554	4	221	252	426
1954	4439	4436	3	514	585	999
1953	2163	2161	2	219	234	418
1952	2470	2466	4	268	241	471
1951 and earlier	3035	3032	3	367	221	556
TOTAL	30673	30629	44	2169	4295	5992

The physical condition of 99.85 per cent. of the total number of pupils examined at periodic inspections was considered satisfactory.

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	1824
Number of Re-Inspections	...	...	...	...	...	12747
Total	...	...	...	...	...	14571

TABLE II
Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	282427
(ii) Total number of individual pupils found to be infested	3941
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	2782
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	476

TABLE III

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR

DEFECTS OR DISEASES				PERIODIC INSPECTIONS			Total	SPECIAL IN- SPECTIONS
				Entrants	Leavers	Others		
Skin	T	302	163	346	811	63		
		O	374	133	208	715	26	
Eyes:—								
(a) Vision	T	428	902	1110	2440	319		
		O	964	688	921	2573	210	
(b) Squint	T	384	55	135	574	16		
		O	278	51	104	433	39	
(c) Other	T	67	17	44	128	8		
		O	76	28	41	145	5	
Ears:—								
(a) Hearing	T	122	26	45	193	34		
		O	882	76	234	1192	110	
(b) Otitis Media	T	101	18	32	151	18		
		O	487	34	112	633	32	
(c) Other	T	55	12	36	103	8		
		O	76	9	20	105	10	
Nose and Throat	T	731	54	159	944	77		
		O	1664	148	475	2287	125	
Speech	T	176	12	43	231	39		
		O	551	32	86	609	50	
Lymphatic Glands	T	40	1	9	50	6		
		O	652	25	137	814	31	
Heart	T	34	15	27	76	10		
		O	230	55	83	368	43	
Lungs	T	144	22	45	211	19		
		O	545	99	214	858	79	
Developmental:—								
(a) Hernia	T	57	2	12	71	6		
		O	86	5	20	111	1	
(b) Other	T	102	17	67	186	12		
		O	239	29	120	388	31	
Orthopædic:—								
(a) Posture	T	20	26	33	79	18		
		O	70	46	114	230	26	
(b) Feet	T	139	41	96	276	19		
		O	350	99	301	750	31	
(c) Other	T	124	49	61	234	15		
		O	272	96	153	521	22	
Nervous System:—								
(a) Epilepsy	T	25	12	28	65	11		
		O	47	10	22	79	21	
(b) Other	T	18	6	21	45	5		
		O	145	39	97	281	23	
Psychological:—								
(a) Development	T	19	2	45	66	14		
		O	189	70	193	452	99	
(b) Stability	T	89	11	85	185	45		
		O	1003	100	472	1575	157	
Abdomen	T	44	13	33	90	9		
		O	125	48	112	285	23	
Other	T	134	42	102	278	48		
		O	390	103	318	811	44	

T — Requiring Treatment.

O — Requiring Observation.

TABLE IV

**Treatment of Pupils attending Maintained
Primary and Secondary Schools**

GROUP 1—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	650
Errors of Refraction (including squint)	13063
Total ...	13713
Number of pupils for whom spectacles were prescribed	4213

GROUP 2—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated
Received operative treatment	
(a) for diseases of the ear	9
(b) for adenoids and chronic tonsillitis	225
(c) for other nose and throat conditions	59
Received other forms of treatment	481
Total ...	774
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1966	28
(b) in previous years	115

GROUP 3—ORTHOPÆDIC AND POSTURAL DEFECTS

(a) Number of pupils known to have been treated at clinics or out patient departments	576
(b) Pupils treated at school for postural defects	—
Total ...	576

GROUP 4—DISEASES OF THE SKIN (excluding uncleanness, for which see Table II)

	Number of cases known to have been treated
Ringworm—(i) Scalp	—
(ii) Body	2
Scabies	41
Impetigo	17
Other skin diseases	140
Total ...	200

GROUP 5—CHILD GUIDANCE TREATMENT

No. of pupils receiving treatment at Child Guidance Clinics ...	416
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GROUP 6—SPEECH THERAPY

Total number of sessions at Clinics	1833
No. of pupils referred for Speech Therapy	406
No. of pupils treated	416
No. of attendances at Clinics	10699
No. of visits to Schools	173
No. of children examined at Schools	350
No. of visits to homes of pupils	189

GROUP 7—OTHER TREATMENT GIVEN

Miscellaneous Minor Ailments	996
Pupils who received B.C.G. vaccination	9225
U.V.L. treatment	437

TABLE V

Dental Inspection and Treatment carried out by the Authority

Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	13296	10149	2037	25482
Subsequent visits	12884	15932	3807	32623
Total visits	26180	26081	5844	58105
Additional courses of treat- ment started	1623	1293	237	3153
Fillings in permanent teeth	10510	24777	6343	41630
Fillings in deciduous teeth	13979	880	—	14859
Permanent teeth filled	8206	20592	5405	34203
Deciduous teeth filled	12513	790	—	6418
Permanent teeth extracted	989	4326	1103	6418
Deciduous teeth extracted	15417	4396	—	19813
General anaesthetics	5369	2506	306	8181
Emergencies	2028	977	197	3202
Number of pupils X-rayed ... ..	...	...	...	455
Prophylaxis ... ..	...	...	...	5173
Teeth otherwise conserved ... ..	...	...	...	1915
Number of teeth root filled ... ..	...	...	...	38
Inlays ... ..	...	...	...	7
Crowns ... ..	...	...	...	30
Courses of treatment completed ... ..	...	...	...	21762

Orthodontics

Cases remaining from previous year	349
New cases commenced during year	167
Cases completed during year	116
Cases discontinued during year	27
No. of removable appliances fitted	227
No. of fixed appliances fitted	41
Pupils referred to Hospital Consultant	100

Prosthetics

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	2	5	7
Pupils supplied with other dentures (first time)	3	67	40	110
Number of dentures supplied	3	75	54	132

Anæsthetics

General Anæsthetics administered by Dental Officers ... 2056

Inspections

(a) First inspection at school. Number of pupils ... 97911
 (b) First inspection at clinic. Number of pupils ... 12502
 Number of (a) + (b) found to require treatment ... 50268
 Number of (a) + (b) offered treatment ... 50643
 (c) Pupils re-inspected at school clinic ... 15867
 Number of (c) found to require treatment ... 8609

Sessions

Sessions devoted to treatment ... 11038
 Sessions devoted to inspection ... 1079
 Sessions devoted to Dental Health Education ... 175

TABLE VI

Number of handicapped pupils examined in School

Defect	New Cases	Number of Re-exams
Blind	—	2
Partially Sighted	8	52
Deaf	2	2
Partially Hearing	23	116
Delicate	24	113
Diabetic	4	38
E.S.N.	98	548
Epileptic	17	112
Maladjusted	8	24
Physically Handicapped	30	295
Speech Defect	2	15

TABLE VII

Medical Examinations at School Clinics ... 4224
 Number of children examined for part-time employment ... 925
 Number of Special Reports completed on children examined at:—
 Schools ... 109
 School Clinics ... 454
 Homes of Pupils ... 269

832

LIST OF SCHOOL CLINICS

Clinic	Address	Type of Clinic	Day held
ALSAGER	15, Centre Court, Alsager	Doctor's Sessions E.N.T. Eye	1st Fri., a.m. 3rd Fri., p.m. 4th Tues., a.m.
ALTRINCHAM	12, The Mount, Altrincham	Speech	Tues., a.m. & p.m., Wed., a.m., Fri., a.m.
	145, Park Road, Timperley	Doctor's Sessions Doctor's Sessions Dental	2nd & 4th Mon., am.* 1st Thurs., a.m.* *
	3a, Market Street, Altrincham	Dental	*
BARNTON	Brunner School, Barnton	Dental Eye	* 1st Thurs., a.m.
BEBINGTON	Council Offices, Bromborough 218, Bebington Road, Bebington New Ferry Park, New Ferry	Doctor's Sessions Speech Dental Doctor's Sessions Eye	4th Tues., a.m. Mon., a.m. & p.m., 2nd & 4th Tues., a.m. * Fri., a.m.* 2nd, 3rd, 4th & 5th Thurs., a.m.
	The Rake, Eastham	Eye Dental Teacher of the Deaf	2nd & 4th Thurs., p.m. * Thurs., a.m. & Alt. Fri., p.m.
BOLLINGTON	Wellington Rd., Bollington, Macclesfield	Doctor's Sessions Eye Dental	1st Tues., a.m.* 2nd Tues., p.m. *
BREDBURY	Lower Bents Lane, Bredbury	Eye Dental	3rd, 4th & 5th Fri., p.m. *
CHEADLE	Brookfield, Wilmslow Road, Cheadle	Doctor's Sessions Eye E.N.T. Speech Teacher of the Deaf Cerebral Palsy	2nd & 4th Mon., a.m.* 2nd, 4th & 5th Tues., a.m. 1st & 3rd Mon., a.m. Thurs., a.m. & p.m. Fri., p.m. 2nd & 4th Fri., p.m. Mon., a.m. & p.m., Fri., a.m.
	Councillor Lane, Adswood, Cheadle	Doctor's Sessions Speech Dental Eye	4th Mon., a.m.* Mon., a.m. Fri., a.m. * 2nd Thurs., a.m.
CHEADLE HULME	Parish Hall, Church Road, Cheadle Hulme	Eye	3rd Thurs., a.m.

*When required.

Clinic	Address	Type of Clinic	Day held
CONGLETON	Nursery Lane, Congleton	Doctor's Sessions E.N.T. Eye Speech Teacher of the Deaf Cerebral Palsy Dental	4th Fri., a.m.* 4th Tues., p.m. 2nd & 4th Mon., a.m. Tues., a.m. & p.m. 2nd & 4th Tues., a.m. Fri., p.m. *
CREWE	201, Edleston Rd., Crewe	Speech	Wed., a.m. Fri., a.m. & p.m.
	Ludford Street, Crewe	Cerebral Palsy Doctor's Sessions E.N.T. Eye	Tues., a.m. & p.m. Mon., a.m. 1st Wed., p.m. 2nd & 3rd Tues., a.m. 5th Fri., p.m.
		Pædiatric Dental	3rd Fri., p.m. *
	Stalbridge Road, Crewe	Doctor's Sessions Eye	1st & 3rd Tues., a.m.* 2nd & 5th Tues., p.m. 1st, 2nd & 4th Fri., p.m.
		Pædiatric Teacher of the Deaf Dental	1st Fri., p.m. 1st & 3rd Tues., a.m. *
DUKINFIELD	King Street, Dukinfield	Doctor's Sessions E.N.T. Eye Teacher of the Deaf	Tues., a.m.* 1st & 2nd Tues., p.m. 4th Fri., a.m. 2nd & 4th Thurs., a.m.
	212, Astley Street, Dukinfield	Dental	*
ELLESMERE PORT	Stanney Lane, Ellesmere Port	Doctor's Sessions E.N.T. Eye Speech	Thurs., a.m.* 1st & 3rd Mon., a.m. Fri., p.m. Wed., a.m.
		Teacher of the Deaf Dental	Thurs., a.m. & p.m. Wed., & Fri., a.m. *
FRODSHAM	The Rock Clinic, High Street, Frodsham	Eye Speech Dental	4th Tues., a.m. 2nd Wed., a.m. Fri., a.m. *
GRAPPENHALL	Springfield Ave., Grappenhall	Eye Speech	3rd Wed., a.m. Mon., a.m.
GREAT SUTTON	Old Chester Road, Great Sutton	Speech Teacher of the Deaf Dental	Wed., p.m. Fri., p.m. (Alt.) *

*When required.

Clinic	Address	Type of Clinic	Day held
GREASBY	Greasby Road	Eye Doctor's Sessions	1st Thurs., a.m. 2nd & 4th Wed., a.m.
HALE	Lister House, 9, Broomfield Lane, Hale	Doctor's Sessions Eye Teacher of the Deaf Dental	1st Tues. & 2nd Wed., a.m.* 2nd Fri., p.m. 3rd, 4th & 5th Wed., a.m. 1st & 3rd Wed., p.m. *
HANDFORTH	The Green, Wilmslow Road, Handforth	Speech Teacher of the Deaf Doctor's Sessions Eye	Fri., p.m. 2nd & 4th Thurs., p.m. 2nd Mon., a.m. 1st Wed., a.m.
HATTERSLEY	Hattersley Rd. E.	Speech	Fri., p.m.
HAZEL GROVE	253, London Road, Hazel Grove	Doctor's Sessions E.N.T. Eye Speech Dental	2nd Tues., a.m.* 2nd & 4th Mon., a.m. 1st & 4th Thurs., a.m. Mon., a.m. & p.m. *
HEALD GREEN	Queensway, Heald Green	Eye Doctor's Sessions Dental Speech	1st & 3rd Wed., a.m. 1st Wed., a.m. * Mon. & Wed., p.m.
HESWALL	Telegraph Road, Heswall	Doctor's Sessions Eye Speech Teacher of the Deaf Dental	2nd Tues., p.m.* 1st & 3rd Fri., a.m. Wed., a.m. Mon., a.m., Wed., p.m. *
HOYLAKE	Broomfield, Meols Drive, Hoylake	Doctor's Sessions Eye Speech Dental	2nd, 3rd & 4th Fri., a.m.* 2nd & 4th Mon., a.m. Thurs. & Mon., a.m. *
HYDE	Reform Club Buildings, Market Place, Hyde	Doctor's Sessions Eye (Specialist) Speech Teacher of the Deaf Dental	Mon., a.m.* 1st Tues., p.m., 3rd Fri., p.m. Wed., a.m. Thurs., a.m. & p.m. 2nd Tues., p.m. *
KNUTSFORD	County Offices, Bexton Road, Knutsford	Doctor's Sessions Eye Speech Teacher of the Deaf Dental	4th Thurs., p.m. (Alt. months) 1st Thurs., p.m., 4th Tues., p.m. Tues., a.m. 1st & 3rd Mon., p.m. *

*When required.

Clinic	Address	Type of Clinic	Day held
LYMM	29, Eagle Brow, Lymm	Doctor's Sessions Eye Dental	2nd Wed., p.m. 1st, 2nd & 5th Thurs., p.m., 1st Thurs., a.m. *
MACCLESFIELD	Hurdsfield House, Brocklehurst Ave., Macclesfield Pierce Street, Macclesfield	Teacher of the Deaf Cerebral Palsy Dental Doctor's Sessions E.N.T. Eye Dental	1st & 3rd Fri., p.m. Thurs., a.m. & p.m. * Fri., a.m.* 3rd Mon., p.m. 1st Mon., p.m. 1st, 3rd & 4th Tues., p.m., 4th Thurs., a.m. *
	52, Bridge Street, Macclesfield	Speech	Tues., a.m. & p.m. & Fri., a.m., & 2nd & 4th Mon., a.m.
	Sanders Square, Macclesfield	Dental	*
MARPLE	Stockport Road, Marple	Doctor's Sessions Eye Speech Dental	2nd Wed., a.m.* 1st, 3rd, 4th & 5th Tues., p.m. Thurs., p.m. *
MIDDLEWICH	The Priory, 85, Wheelock St., Middlewich	Eye Dental Doctor's Sessions	3rd Tues., p.m. * 1st Thurs., a.m. (alt. months)
NANTWICH	The Dowery, Barker Street, Nantwich	Doctor's Sessions Eye Speech Teacher of the Deaf Dental	2nd & 4th Mon., a.m.* 2nd, 3rd, 4th & 5th Thurs., a.m. Tues., p.m. 2nd & 4th Wed., p.m. *
NESTON	Mellock Lane, Neston	Teacher of the Deaf Doctor's Sessions Eye Dental Speech	Thurs., a.m. (Alt.) 1st Tues., a.m.* 2nd & 4th Mon., p.m. * Fri., a.m.
NORTHWICH	Parkfield, Middlewich Rd., Northwich	E.N.T. Eye Dental Teacher of the Deaf Pædiatric Speech Dental	3rd Wed., p.m. 2nd & 3rd Thurs., a.m., 1st, 2nd & 4th Fri., p.m. * Mon. & Thurs., a.m. 4th Mon., p.m. Mon., a.m. & p.m. *

*When required.

Clinic	Address	Type of Clinic	Day held
PARTINGTON	Central Road, Partington	Eye Speech Teacher of the Deaf Dental	1st & 2nd Wed., a.m. 1st 3rd & 5th Mon., a.m. & every Fri., p.m. 1st & 3rd Thurs., a.m. *
PENSBY	Pensby Road	Teacher of the Deaf	Thurs., p.m.
POYNTON	Park Lane, Poynton	Doctor's Sessions E.N.T. Eye Dental	4th Tues., p.m.* Even Months, 2nd Wed. p.m. 2nd Tues., a.m. *
ROMILEY	Leyfield Avenue	Teacher of the Deaf	4th Mon., p.m.
RUNCORN	34, Halton Road, Runcorn	Doctor's Sessions Eye Speech Teacher of the Deaf Dental	2nd Fri., a.m.* 2nd Tues., p.m. Mon., a.m. & p.m. Thurs., p.m. *
SALE	Thorn Road	Eye	1st, 3rd & 5th Tues., p.m.
	70, Chapel Road, Sale	Doctor's Sessions Eye Speech Teacher of the Deaf Dental	Wed., a.m.* Mon., a.m. Thurs., a.m. & p.m. 1st & 3rd Wed., a.m. *
SALE	Meadway, Sale	Eye	1st Tues., a.m.
SANDBACH	Platt Avenue, Sandbach	Doctor's Sessions E.N.T. Eye	3rd Fri. a.m.* 1st Mon., p.m. 2nd, 3rd & 4th Mon., p.m.
		Speech Teacher of the Deaf Dental	Tues., a.m. 1st & 3rd Fri., a.m. *
STALYBRIDGE	20, Stamford St., Stalybridge	Doctor's Sessions Eye	Mon., a.m.* 2nd, 3rd & 4th Tues., a.m.
	Millbrook	Speech Dental Teacher of the Deaf	Fri., a.m. * 2nd & 4th Wed., a.m.
STOCKTON HEATH	65, Whitefield Rd., Stockton Heath	Eye Speech Dental	4th Tues., p.m. (alt. months) Wed., a.m. & p.m. *
TARPORLEY	Community Centre, Tarporley	Eye	1st Tues., a.m.
UPTON	Weston Grove, Upton	Doctor's Sessions Eye Speech	1st Tues., a.m.* 1st Tues., p.m. Fri., p.m.

*When required.

Clinic	Address	Type of Clinic	Day held
WEAVERHAM	Church Lane, Weaverham	Eye Speech Cerebral Palsy Dental	3rd Fri., p.m. Thurs., a.m. Wed., a.m. & p.m. ★
WILMSLOW	3, Chapel Lane, Wilmslow	Doctor's Sessions Eye Speech Dental	3rd Mon., a.m.* 1st & 3rd Tues., a.m. Wed., a.m. ★
WINSFORD	98, Weaver Street, Winsford	E.N.T. Speech Teacher of the Deaf Dental	3rd Tues., p.m. Thurs., a.m. & p.m. Tues., a.m. ★
	Crook Lane, Wharton	Eye	2nd & 4th Thurs., p.m., 3rd Fri., p.m., 1st & 3rd Thurs., a.m.

*When required.

